MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-009856

BOONE COUNTY BOONE COUNTY Cedar County Cedar County Cedar County Cedar County Cedar County	AMENDED Columbia State File Number Stat
VS 300 Rev. 4/50 Part Play 10/109 20/200 3	Place or Bearn 1962
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NSTITUTION Hospital Ves No Route 2, Box 26 Ves Cx	NAME OF DECEASED First Middle Last Adams Adams Death March 11, 1962
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236. BURIAL, CREMATION, 285. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)	15 1 E Cobar Donner MD She trever tote Canna Hora 3/4/62
,	23a, BURIAL, CREMATION, 1261/DATE 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) (State)
O D REMOVAL (Specify)	O REMOVAL (Specify) Burial 3/14/62 Lindley Prairie Cemetery West Fair Play, Mo
Burial 3/14/62 Lindley Prairie Cemetery West Fair Play, Mo	Z
E Barker-Buller, tain play, mo Mar 12 1962 Mrs RETalmer	= LSanker-Buller, town Way Mon 12 1962 Mrs K & Talmelt
	(Licensed Embalmer's Statement on Reverse Side)

rirva for

STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed Saul & Butler
Signature of Student Embalmer	
	Licensed Embalmer No. 4 47 /
	P. O. Address Bolivar, ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.